

DIVISION OF DEVELOPMENTAL DISABILITIES
PLANNED ACTION NOTICE
STATE-ONLY FUNDED SERVICES

CLIENT NAME AND ADDRESS

REPRESENTATIVE NAME AND ADDRESS

DDD has made the following decision(s) regarding your services or request for services.

This decision is effective _____.

REASON FOR DENIAL, REDUCTION, OR TERMINATION OF SERVICE			
<p>The list references the reason numbers below:</p> <ol style="list-style-type: none"> 1. You are not eligible for this service. 2. You do not have an assessed need for this service. 3. You cannot receive or use the service in the manner you requested. 4. You do not have an assessed need for the amount of service you requested or previously had. 5. There is no funding available for this state-only funded service. 6. The service is available through other resources. 7. You or your representative requested this decision. 			
DECISION			
SERVICE	DECISION	REASON	AMOUNT
	<input type="checkbox"/> Reduced	WAC 388- Reason #	From: To:
	<input type="checkbox"/> Denied	WAC 388- Reason #	
	<input type="checkbox"/> Terminated		
SERVICE	DECISION	REASON	AMOUNT
	<input type="checkbox"/> Reduced	WAC 388- Reason #	From: To:
	<input type="checkbox"/> Denied	WAC 388- Reason #	
	<input type="checkbox"/> Terminated		
SERVICE	DECISION	REASON	AMOUNT
	<input type="checkbox"/> Reduced	WAC 388- Reason #	From: To:
	<input type="checkbox"/> Denied	WAC 388- Reason #	
	<input type="checkbox"/> Terminated		

DECISION (CONT.)

SERVICE	DECISION	REASON	AMOUNT
	<input type="checkbox"/> Reduced	WAC 388- Reason #	From: To:
	<input type="checkbox"/> Denied	WAC 388- Reason #	
	<input type="checkbox"/> Terminated		
SERVICE	DECISION	REASON	AMOUNT
	<input type="checkbox"/> Reduced	WAC 388- Reason #	From: To:
	<input type="checkbox"/> Denied	WAC 388- Reason #	
	<input type="checkbox"/> Terminated		
SERVICE	DECISION	REASON	AMOUNT
	<input type="checkbox"/> Reduced	WAC 388- Reason #	From: To:
	<input type="checkbox"/> Denied	WAC 388- Reason #	
	<input type="checkbox"/> Terminated		
SERVICE	DECISION	REASON	AMOUNT
	<input type="checkbox"/> Reduced	WAC 388- Reason #	From: To:
	<input type="checkbox"/> Denied	WAC 388- Reason #	
	<input type="checkbox"/> Terminated		
SERVICE	DECISION	REASON	AMOUNT
	<input type="checkbox"/> Reduced	WAC 388- Reason #	From: To:
	<input type="checkbox"/> Denied	WAC 388- Reason #	
	<input type="checkbox"/> Terminated		

ADDITIONAL COMMENTS

YOUR APPEAL RIGHTS

You have ninety (90) days from receipt of this notice to request an administrative hearing to appeal this action.

- If you are currently receiving this paid service from DDD and want the service continued during your appeal, you must file your request for an administrative hearing by _____
- If you choose to continue this paid service and the final decision upholds the department's action, you will be responsible to repay up to 60 days of paid services.
- If you do not want your paid services to continue, contact:

_____ at _____
CASE/RESOURCE MANAGER TELEPHONE NUMBER

You have the following rights:

1. To be represented (you may be eligible for free legal assistance);
2. To request a copy of your file and all information reviewed by DDD to make its decision;
3. To submit documents into evidence;
4. To testify at the hearing and to present witnesses to testify on your behalf; and
5. To cross examine witnesses testifying for the department.

A form for requesting an administrative hearing is enclosed.

QUESTIONS

If you have questions about this decision or appeal process, please contact:

NAME	TELEPHONE NUMBER	LOCAL OFFICE
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**PLANNED ACTION NOTICE
DDD STATE-ONLY FUNDED
SERVICES REQUEST
FOR HEARING**

per Chapter 388-02 for DSHS hearing rules.

FOR AGENCY USE ONLY

☐ Oral request taken by:

NAME

TELEPHONE NUMBER

INVOLVED DIVISION/ORGANIZATION

MAIL TO: OFFICE OF ADMINISTRATIVE HEARING (OAH), MAIL STOP: 42489
PO BOX 42489
OLYMPIA WA 98504-2489

FAX: 360-586-6563

I request a hearing because I disagree with the following service decision by the Division of Developmental Disabilities (DDD):

YOUR NAME (PLEASE PRINT)			DATE OF BIRTH	SOCIAL SECURITY NUMBER
ADDRESS OF PERSON REQUESTING HEARING			CLIENT ID NUMBER	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (INCLUDE AREA CODE)	
			<input type="checkbox"/> MESSAGE PHONE	

I was notified of the decision on: _____ by: _____
DATE DSHS OFFICE NAME AND LOCATION

I want continued assistance, if I am eligible: ☐ Yes ☐ No Program: _____

I am represented by (if you are going to represent yourself, do not fill in the next two lines):

YOUR REPRESENTATIVE'S NAME	ORGANIZATION	TELEPHONE NUMBER
ADDRESS	CITY	STATE ZIP CODE

☐ I authorize release of information about my hearing to my representative.

YOUR SIGNATURE	DATE
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Do you need an interpreter or other assistance or accommodation for the hearing? ☐ Yes ☐ No

If yes, what language or what assistance? _____

Administrative Law Judges (ALJ's) may hold some hearings by telephone. If you want to change to an in-person hearing, follow the instructions in the Notice of Hearing that will be mailed to you by OAH.

WAC Reference for the DDD State-Only Funded Services Planned Action Notice

SERVICE	WAC	REASON
All Exceptions to Rule	388-440-0001(1)	ETR Criteria
Applicable to all state only services	388-825-045	Determination that a service is necessary
	388-825-055	Funding availability and eligibility for the service
Child Out of Home Placement	388-826-0010	Eligibility for VPP under age 18
	388-826-0015	Eligibility for VPP age 18 up to 21
	388-826-0035	Decision/Approval of VPP
	388-826-0010	Termination of VPP
	388-826-0115	Eligibility to remain in VPP age 18 up to 21
Chore Services	388-106-0610	Eligibility for Chore
	388-106-0620	Remaining eligible per annual reassessment
County day program and employment services for adults	388-825-055(7)	Age Requirement
DDD Paid Adult Residential Services		
Alternative Living	388-825-381	40 Hour Service Limit
Supported Living and Group Home	388-101-1210	Eligibility for SL
Family Support Services	388-825-248	TFS vs FSO eligibility by date
Traditional Family Support	388-825-252	TFS eligibility
	388-825-253	TFS service restrictions
	388-825-254	Rates
	388-825-256	Levels
Family Support Opportunities	388-825-205	FSO eligibility
	388-825-228	FSO amount
	388-825-230	FSO services
	388-825-242	FSO restrictions

SERVICE	WAC	REASON
Family Support Pilot (FSP)	388-825-510	Eligibility
	388-825-516	Who is not eligible
	388-825-532 and 540	Requirement for income declaration to be eligible
	388-825-548	Amount of award
	388-825-544	Eligibility does not guarantee an award
	388-825-554	Priorities for determining who gets FSP awards
	388-825-558 and 560	FSP services and restrictions
	388-825-584	Termination criteria
	388-825-512	Does not live with specified relative
Nursing		
Nurse Delegation	246-840-930	Criteria for delegation
	246-840-960	Rescinding delegation
Other Nursing Services	388-825-845 or 055	See above related to all state only services
Professional Services	388-825-045, 055	See above related to all state only services
SSP	388-827-0105	SSP eligibility
	388-827-0110	SSP financial eligibility
	388-827-0115	SSP programmatic eligibility
	388-827-0131	Termination from SSP
	388-827-0145	Amount of SSP

INSTRUCTIONS FOR STATE-ONLY FUNDED SERVICES PLANNED ACTION NOTICE

Notification Requirements

1. A Planned Action Notice with Appeal Rights and request for Hearing must be sent when a service(s) is reduced, denied, or terminated.
2. A request for a specific service can be oral or in writing. A denial of either request requires a Planned Action Notice.
3. All decisions are documented in the client's CARE Service Episode Record.
4. The Planned Action Notice must be sent within 5 working days of the decision date.
5. The Planned Action Notice is addressed to the client regardless of age and a copy sent to their representative per WAC 388-825-100. Use the following order to determine who represents the client:
 - A parent if the client is under the age of eighteen (18);
 - The guardian or other legal representative;
 - Other relative;
 - Other person identified by the client;
 - An advocacy agency.

Completing the form

1. The effective date of a **denial** is the date of the decision.
 - Provide 90 days from the date of receipt for requesting an appeal.
2. The effective date, first page, is a minimum of ten (10) days and a maximum of ninety (90) from the date the Planned Action Notice is mailed to the client.
 - Mailing date is the date the form is completed or the next business day.
 - A service termination occurs the last day of the month
 - A service reduction occurs on the first day of the month
 - Services continue if an appeal is filed in a timely manner except for circumstances listed in WAC 388-825-150.
3. Services: Choose the service from the attached list of services and WAC references.
4. Decision: Identify the appropriate decision.
5. Reason:
 - Insert the WAC number(s) that give the legal authority for the decision.
 - Insert the corresponding number of the reason(s) listed on the Planned Action Notice for the decision.
6. Amount:
 - Amount and unit of service required for Reductions.
 - Example: Reduced "From" 100 hours per month "To" 80 hours per month.
7. The second page is optional. Use if there are more than two decisions.

8. Instructions for completing a **translated form**:

- Enter the information in English.
- Identify each service with a number if there is more than one.
- Write the number next to the corresponding reference line on the Services/WAC chart and highlight the WAC reference and reason.
- Send the highlighted WAC reference page(s) with the Planned Action Notice.

Appeal Rights

1. Insert a date in the first bulleted statement **ONLY** if this is a reduction or termination of an existing service.

2. To calculate the date in the first bulleted statement:

- The appeal date is 10 days from the mailing of the Planned Action Notice then extending to the end of the month of the 10th day.
- The appeal date must be prior to or the same as the effective date.
- The 10th day must be a work day.

Examples:

1. The notice is completed October 10th with anticipated mailing October 11th.

- Ten (10) days counting October 11th is October 20th.
- The last day of the month of the 10th day is October 31st.

2. The notice is completed October 20th with anticipated mailing October 23rd.

- Ten (10) days counting October 23rd is November 1st.
- The last day of the month of the 10th day is November 30th.

3. Case/Resource Manager name for terminating paid services during an appeal is the CRM responsible for authorizing the client's paid services.

4. The name at the bottom of the form will be determined by regional authority.